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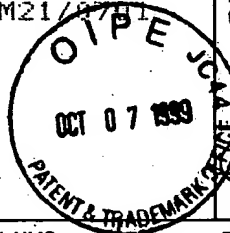
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TIMOTHY J ABERLE
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Gerard J. O'Donnell

(Depositor's name)

(Signature)

October 1, 1999

(Date)

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|--|-------------|--------------|-----------------------------|---------------|
| 08/824,943 | 03/27/97 | 004 | ROBINSON, V | 2786 07/01/99 |
| First Named Applicant: RODENBURGH, 35 USC 154(b) term ext. = 0 Days. | | | | |

TITLE OF INVENTION APPARATUSES AND METHODS FOR CONTROLLING THE FILL OF TOOLING CAVITIES

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|-----------|----------|
| 0 16958 | 364-475.050 | V20 | UTILITY | NO | \$1210.00 | 10/01/99 |

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. ROBERT KAPALKA

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **The Whitaker Corporation**

(B) RESIDENCE: (CITY & STATE OR COUNTRY) **Wilmington, Delaware**

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Robert Kapalka

(Date)

10/1/99

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